

Name In Full

Certificate of Death

Margaret Bartlett

Died <sup>near</sup> <sup>town</sup> Easton <sup>County</sup> Talbot MARYLAND

Date 1903	Month June	Day 18	Age 33	Y. M. D.	Native of U.S.A	Occupation Lady
<del>Male</del>	White	Married	<del>Widow</del>	<del>Divorced</del>	Number of children living 2	
Female	<del>Colored</del>	<del>Single</del>	<del>Widower</del>			

~~Husband~~ of James Bartlett 27  
 Wife  
 Father's Name Louis Meyers  
 Mother's Maiden Name Anna

Cause of Death	Primary	Tuberculosis Pulmonaris	How long sick 1 yr.
	Immediate	Exhaustion	<del>Accident, Suicide, Homicide</del>

Reported by Chas. F. Davidson & A.  
 Address Easton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

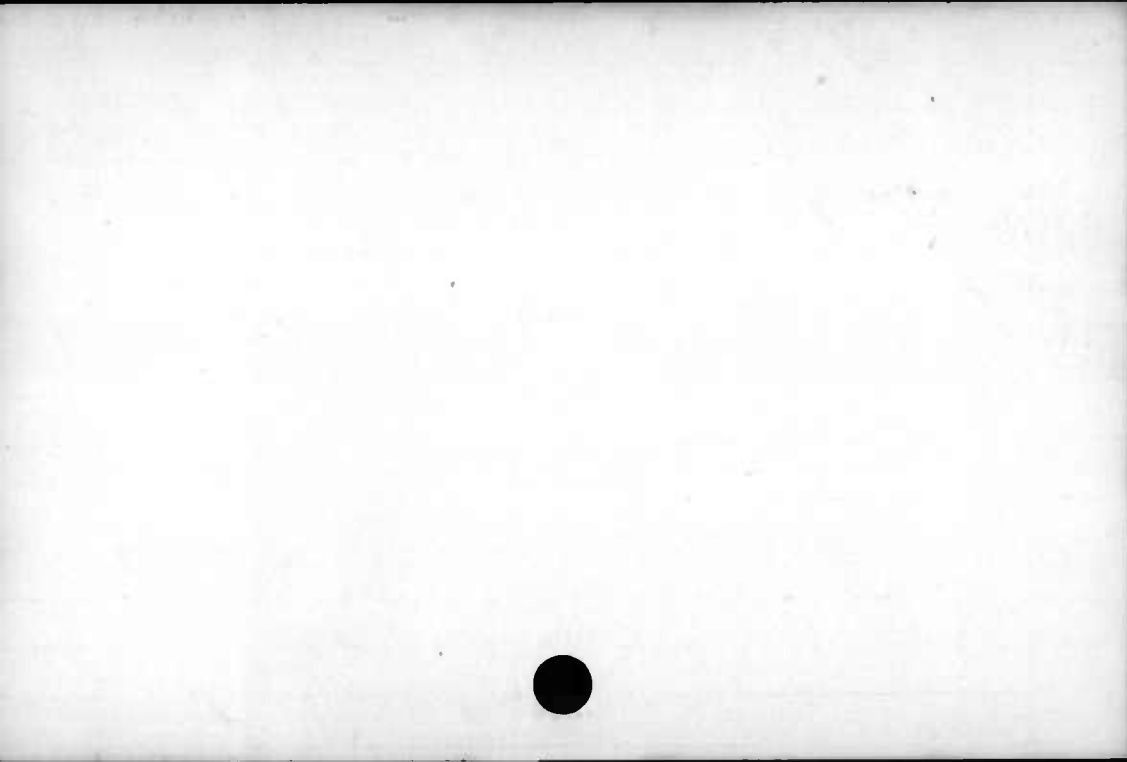
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Beall</i>		Town <i>Cordova</i>		County <i>Lalor</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>26</i>	
Age <i>29</i>		Years <i>29</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New York State</i>			
Married, <del>Single</del> <i>or Widowed</i>		<i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband		<i>Clinton G. Beall</i>					
Father's Name		<i>Daniel Bennett</i>				Father's Birthplace <i>New York</i>	
Mother's Maiden Name						Mother's Birthplace <i>"</i>	
Name of person giving information		<i>Clinton G. Beall</i>				How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Administration of poison</i>		How long	
Immediate <i>with suicidal intent</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>		Signature of Physician <i>Chas. H. Rose</i>	
		Address <i>Cordova, Md</i>	
Accident or Suicide? <i>suicide</i>			



Thomas Blades, of S.

Town

County

Died at

St. Michaels

Talbot

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 18

Age

86

Maryland

Merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

4

Husband  
of~~Wife~~

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs. Susan E. Blades

Edmund

Maiden Name

Mother's

Mary Fairbanks

How long sick

5-6 yrs

Accident, Suicide, Homicide

Atrophy of brain  
Cerebro Spinal Meningitis

Sub-acute

Robt. A. Dodson

St. Michaels

Md. 154



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Carr</i>			Town <i>Longwood</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death 1903		Month <i>June</i>	Day <i>17</i>	Age	Years	Months <i>10</i>
Sex <i>Female</i>		Color or Race		<i>Colored</i>		Birth-place <i>in Unionville</i>		
Married, Single or Widowed		<i>Single</i>		Occupation		<i>+</i>		
Name of Wife or Husband		<i>Mary H Carr</i>						
Father's Name		<i>John Carr</i>				Father's Birthplace <i>Miles River Md</i>		
Mother's Maiden Name		<i>Mary H Carter</i>				Mother's Birthplace <i>do do</i>		
Name of person giving information		<i>E J Porter</i>				How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Summer Complaint</i>		How long	<i>5 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>105 had none</i>	
			Address	
Accident or Suicide?				





Name in Full

Certificate of Death

Priscila Denard

Town

New Trappe

County

Taltit

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1893

June 2

Age

81

Fall in love

none

Male

White

Married

Widow

Divorced

Female

yes

Colored

Black

Single

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Asthma

97

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Daniel Lethbridge

Address

24

Mullikin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. No Doctor

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Name  
in  
Full

Mary Matilda Eumalls

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Easton</i> <sup>Town</sup>		<i>Salisbury</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>19</i>	Age <i>6 1/2</i> -	Months <i>5</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Cook</i>			
Name of Wife or Husband <i>Edward Eumalls</i>					
Father's Name <i>Barby Nichols</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Charlotte Nichols</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Edward Eumalls</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

Primary	<i>Cancer of vulva &amp; 42</i>	How long	<i>10 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>a few weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. R. Dupre</i>	
		Address <i>Easton</i>	
Accident or Suicide?		<i>Ind</i>	



Edw. Green

Town  
Easton

County

Talbot-

MARYLAND

Died at

Date 19

03

Month

Day

June 13

Age

21

Y.

M.

D.

Native of

U.S.A.

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

—

Husband

of

Wife

Father's

Name

John Green

Mother's

Maiden Name

Sarah Green

Cause of

Primary

Meningitis -

How long sick

3 wks

Death

Immediate

4 hours

~~Accident, Suicide, Homicide~~

Reported by

Chas. F. Davidson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Tilghman Town James CountyDate of death 1903 June Month 1 Day 1 Age 1 hr. Months DaysSex Female Color or Race White Birth-place Tilghman

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married, Single~~  
~~or Widowed~~ Name of Wife or Husband \_\_\_\_\_Father's Name Wm. Henry James Father's Birthplace TilghmanMother's Maiden Name Anna Belle Cooper Mother's Birthplace "

Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary Atelectasis How long \_\_\_\_\_

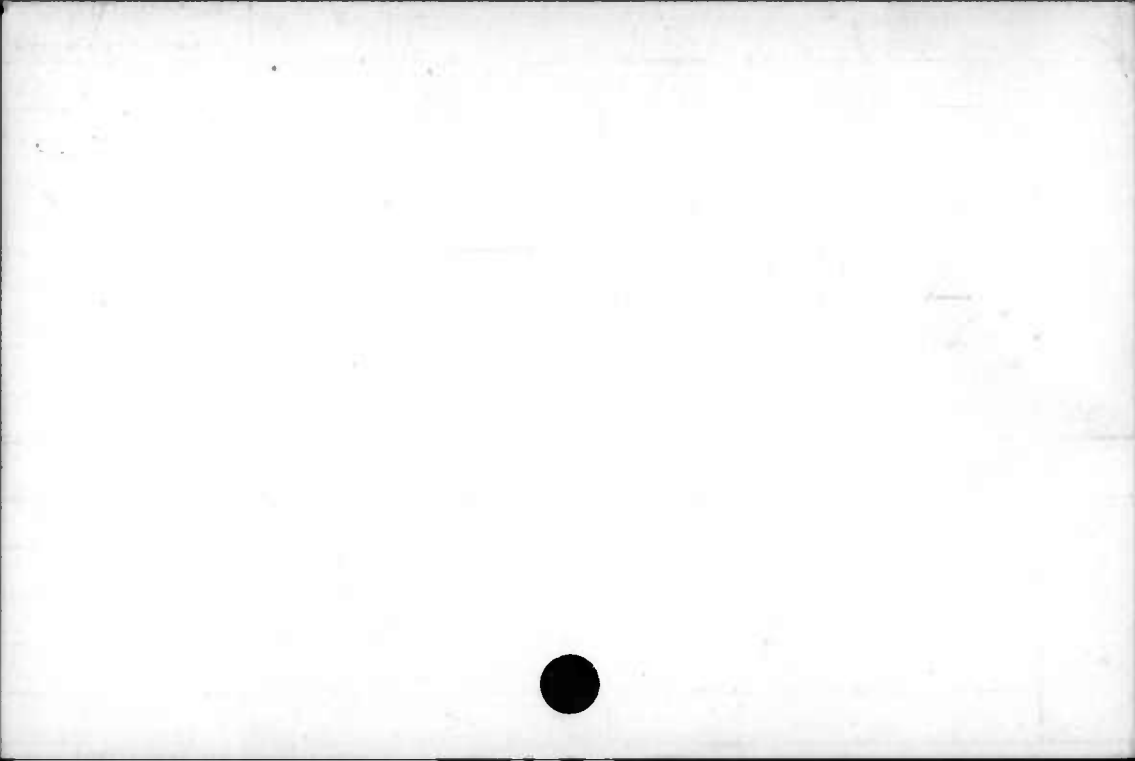
Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician S. H. WilsonAddress Tilghman

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town <u>Talbot</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>June</u> Day <u>10</u> Age <u>—</u> Years Months <u>—</u> Days <u>6</u>			
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Easton, Md</u>	
Married, Single <u>Single</u> or Widowed		Occupation <u>Chief</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>John Henry</u>		Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Edmon Johnson</u>		Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Joseph Kelley</u>		How related to deceased <u>none</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Compression of Brain</u>	How long <u>6 days</u>
Immediate <u>Convulsions</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. B. Sherwin</u>
	Address <u>Easton, Md</u>
Accident or Suicide?	



Name  
in  
Full

Charles H Lowery

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Royal Oak</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>10</i>	Years <i>5-9</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Deep Neck</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Cysterman</i>					
Name of Wife or Husband <i>Louisa Lowery</i>							
Father's Name <i>Horace S Lowery</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Frank Lowery</i>				How related to deceased <i>Son</i>			

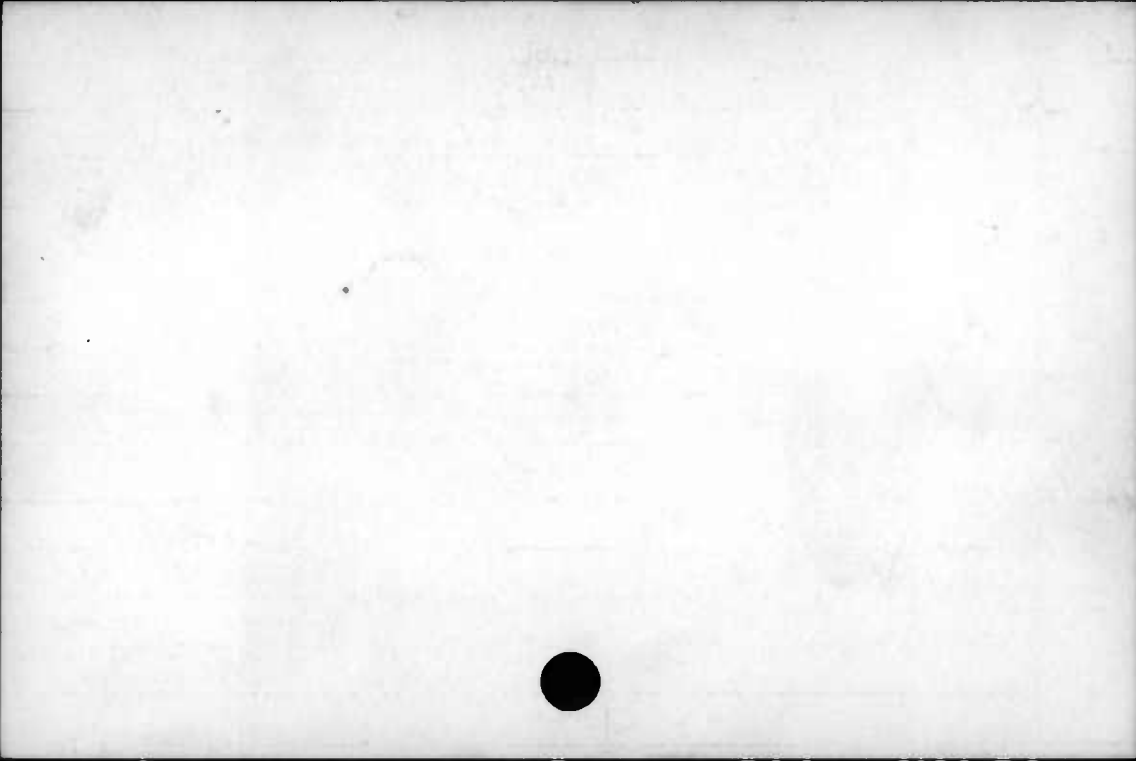
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	<i>50</i>	How long <i>6 months</i>
Immediate <i>Asthma</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam'l C. Trappe</i>	
	Address <i>Royal Oak Md</i>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>St. Michaels</u>		Town <u>Talbot</u>		County		MARYLAND	
		Date of death 190 <u>3</u>		Month <u>June</u>		Day <u>4</u>		Age <u>=</u>	
		Sex <u>Female</u>		Color or Race <u>Dark</u>		Birth-place <u>St. Michaels</u>		Months <u>=</u>	
		Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>		Days <u>2</u>			
		Name of Wife or Husband							
		Father's Name <u>Richard Mitchell</u>		Father's Birthplace <u>St. Michaels</u>					
		Mother's Maiden Name <u>Mary Eliza White</u>		Mother's Birthplace <u>St. Michaels</u>					
		Name of person giving information <u>Walter White</u>		How related to deceased <u>Grandfather</u>					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Inanition</u>				How long <u>Two days</u>			
		Immediate <u>Heart failure</u>				How long <u>151</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>P. H. Davis</u>			
						Address <u>St. Michaels Md</u>			
		Accident or Suicide?							



Name  
in  
Full

Lucy Oliver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hopkins Neck		County		MARYLAND	
Date of death 1903	Month June	Day mon	Age	Years	Months 8	Days 10	
Sex Female	Color or Race Negro		Birth- place Hopkins Neck				
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband							
Father's Name Rob. Long				Father's Birthplace Hopkins Neck			
Mother's Maiden Name Lucy Oliver				Mother's Birthplace " "			
Name of person giving In formation Geo. W. Oliver				How related to deceased Grand Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles	How long	1 week
Immediate	Inflammation of bowels	How long	4 or 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Saml B. Triplett	
		Address Royal Oak Md	
Accident or Suicide?			





Name  
in  
Full

Ella Gertrude Pool

## CERTIFICATE OF DEATH

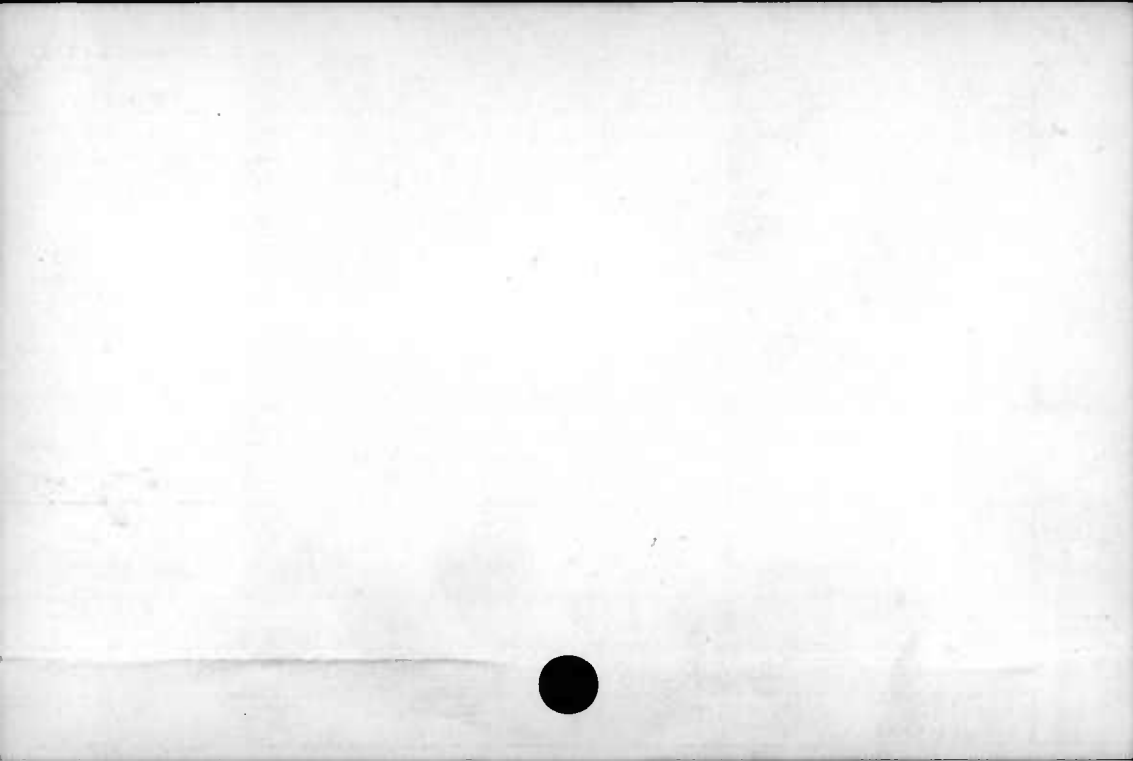
TO BE ANSWERED BY  
NEAREST FRIEND

Died near		Town Barber		County Talbot		MARYLAND	
Date of death 1903.	Month 6	Day 6	Age 31	Months 3	Years	Days 4	
Sex Female		Color or Race White.		Birth- place Talbot Co			
Married, Single or Widowed Widow		Occupation Housewife					
Name of Wife or Husband							
Father's Name James Spencer				Father's Birthplace Talbot Co			
Mother's Maiden Name Mary Eliza Berridge				Mother's Birthplace " "			
Name of person giving Information Chas. Edward Bradley				How related to deceased Half brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	5 months.
Immediate	Pericarditis	How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joseph A. Ross M.D.	
Yes		Address Trappe, Talbot Co, Md	
Accident or Suicide?			



Name  
in  
Full

Robertzine Roberts

## CERTIFICATE OF DEATH

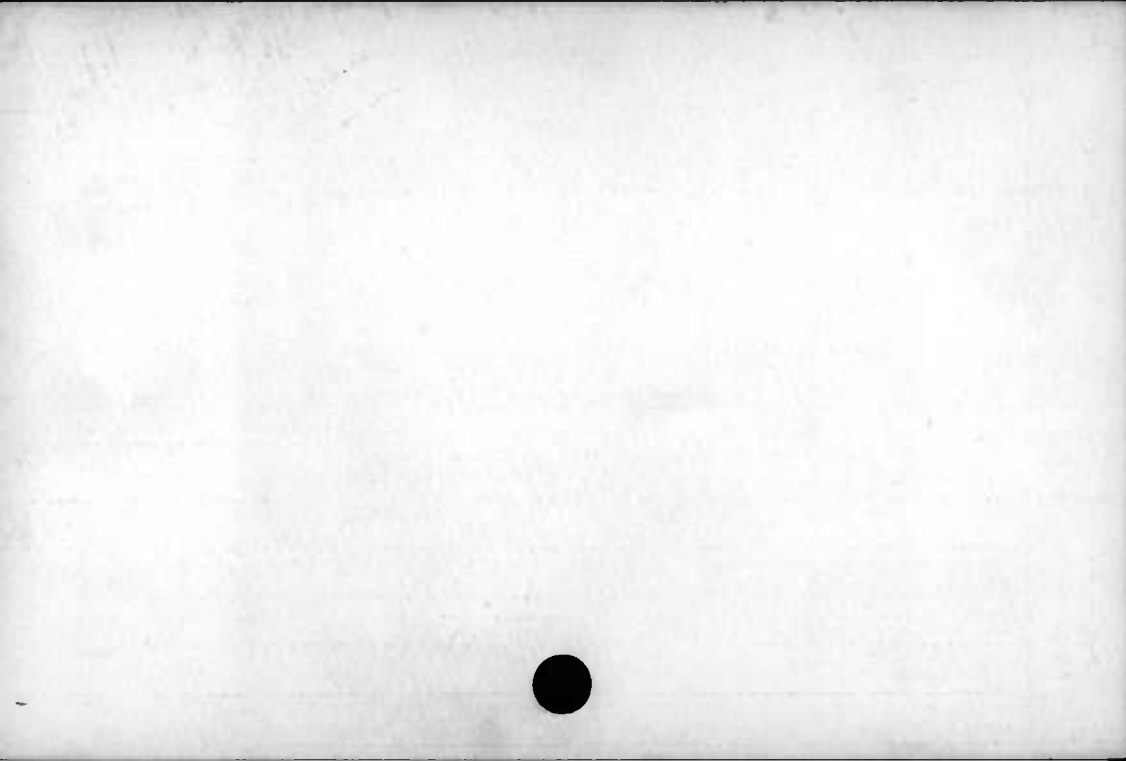
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Easton</i>			County <i>Talbot</i>			MARYLAND		
Date of death 190 3		Month <i>June</i>	Day <i>27</i>	Age Years <i>48</i>		Months <i>3</i>		Days <i>29</i>
Sex <i>Female</i>			Color or Race <i>White</i>		Birth- place <i>Md</i>			
Married, Single or Widowed <i>Married</i>				Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Richard M Roberts</i>								
Father's Name <i>Harrison Gannon</i>					Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Elystete Benny</i>					Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Richard M Roberts</i>					How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>6 years</i>
Immediate <i>Pulmonary Phthisis</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Zeppe</i>
	Address <i>Easton</i>
Accident or Suicide? <i>No</i>	<i>Md</i>



Name In Full

Certificate of Death

Gracy Viola Sanders

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1893

June 23

Age

- 5 -

10

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Gen F Holmes

Mother's Name

Hettie Sanders

Cause of

Primary

dox known

How long sick

not known

Death

Immediate

Accident, Suicide, Homicide

179

Reported by

Address

L H Muller

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Name

in  
Full

Elizabeth M. Shumacher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Easton</i> <sup>Town</sup>		<i>Salmon</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>9</i>	Age <i>41</i>	Years <i>41</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Texas</i>		Days <i>-</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>S. Harry Shumacher</i>					
Father's Name <i>W. S. Thompson</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>Rutha Payson</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>S. Harry Shumacher</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sclerosis of Brain</i>	How long <i>five weeks</i>
Immediate <i>Exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Julius A. Johnson</i>
	Address <i>Easton</i>
Accident or Suicide? <i>No</i>	<i>Med</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>David Speedie</i>		Town <i>Hopkins</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Hopkins</i>		Month <i>June</i>		Day <i>21</i>		Age <i>77</i>	
Date of death 1903		Month <i>June</i>		Day <i>21</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>		Days <i>7</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Manie Speedie</i>							
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>					
Name of person giving information <i>Manie Speedie</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>6 months</i>
Immediate <i>Heart failure</i>	How long <i>3 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam'l C. Trippe</i>
	Address <i>Royal Oak Md.</i>
Accident or Suicide? <i>_____</i>	

10 $\frac{1}{2}$  O'clock.

Tuesday. Morning  
all French. in.

Name  
in  
Full

Eva H. Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hopkins Creek</i>		<sup>County</sup> <i>Talbot</i>		MARYLAND	
Date of death 190 <i>3</i>	<sup>Month</sup> <i>June</i>	<sup>Day</sup> <i>24</i>	Age <sup>Years</sup> <i>1</i>	<sup>Months</sup> <i>10</i>	<sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Hopkins</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry R. Thomas</i>			Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>Sarah &amp; Oliver</i>			Mother's Birthplace <i>Talbot Co</i>		
Name of person giving information <i>Henry R. Thomas</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>105</i>	How long	
Immediate	<i>Colera Infantum</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. B. Kline</i>
		Address	<i>Royal Oak Talbot Co Md</i>
Accident or Suicide?			



Name  
in  
Full

Rosetta Halley -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

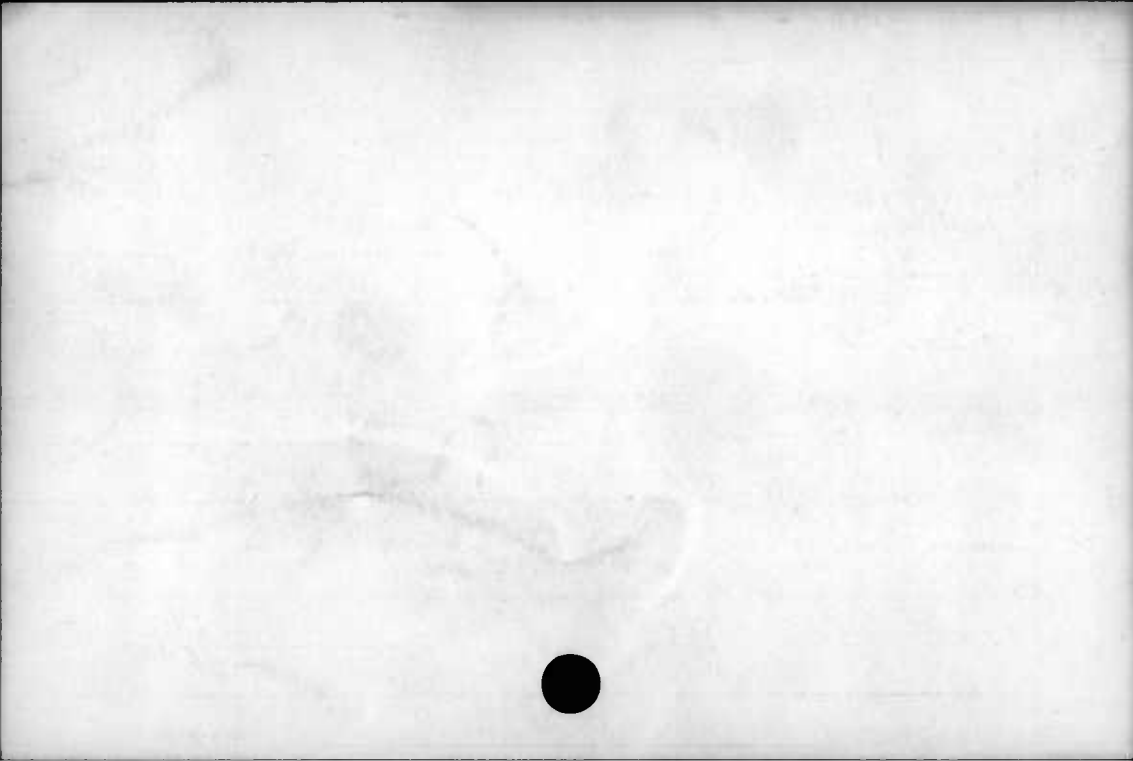
MARYLAND

Died at		Town Dyrtown		County Talbot	
Date of death 190	3.	Month 6	Day 16.	Age 78	Years Months Days
Sex	Female		Color or Race	Black.	
Married, Single or Widowed			Occupation	Housewife.	
Name of <del>Wife</del> Husband	Isaac Halley -				
Father's Name	Nathan Briscoe				Father's Birthplace
Mother's Maiden Name	Elizabeth				Mother's Birthplace
Name of person giving In formation	Rudon L. Hilson.				How related to deceased
Son-in-law					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Initial. Regurgitation		How long	3 years.
Immediate	Failure of Compensation		How long	2 weeks -
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Joseph A. Ross M.D.
Address				
Accident or Suicide?				



Name in Full

Certificate of Death

Mary M. Jones Watts

Town

County

Died at

St Michaels

Talbot

MARYLAND

Date

1903

Month

Day

June 7

Y.

M.

D.

Age

52

3

7

Native of

Maryland

Occupation

Housewife

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

~~Widow~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary Phthisis

How long sick

about 8 mo

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

R. A. Dodson

Address

St Michaels Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name In Full

Certificate of Death

Nancy Wing

Died at Easton Town Salisbury County MARYLAND

Date 19 03 June 17th Month Day Y. M. D. Native of Ma Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ Widow Number of children living None

Husband of Nestly Wing

Wife

Father's Name — Mother's Name Haga Emma

Maiden Name

Cause of Death { Primary Cardiac Drupay Immediate Exhaustion } How long sick 6 months

Accident, Suicide, Ho Incide

Reported by Julius A. Johnson

Address Easton Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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